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THE
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NOTICE TO CONTRIBUTORS.—Write on one side of the paper only. Write plain. When you wish to begin a paragraph at a given word, place before it in your MS the sign ¶. Words to be printed in *italics* should be underscored once, in SMALL CAPITALS twice, in LARGE CAPITALS three times.

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Vomiting in Pregnancy.

Its Cause and Treatment.

BY M. E. VAN METER, M. D. *

Mr. President, Ladies and Gentlemen of this Society:—I have chosen for this paper a subject, that always has, and as far as I know, always will be wrapped in mystery.

This is a physio-pathological condition—physiological as to condition, pathological as to results—that has wrought upon woman much suffering, and in some cases death; and has caused those thus sorely afflicted to look upon maternity with a dread, that often causes them to resort to immoral

* Read at the San Francisco County Society of Physicians and Surgeons.

and dangerous methods to prevent conception or to get rid of the products of conception.

We know that there have been many theories advanced in regard to the cause of the nausea and vomiting in pregnant women. Some of these theories are, at first thought plausible and scientific, yet when they are analyzed it will be found, in each case, that the proofs are lacking and that as much evidence can be brought against as for the proposition.

If this sickness began with conception and continued throughout pregnancy—which is true in exceptionally rare cases—it would perhaps be an easier matter to trace it to a positive cause. But the rule is that there is no fixed period for its beginning nor cessation; beginning earlier or later and ending the same way, in different cases. Nor does it differ only in different cases, but will vary, materially, in different gestations of the same woman. Thus we often hear a woman say, "I do not know whether I am pregnant or not. If I am, I am not at all like I was the other time."

On questioning her, we will perhaps find that in her previous pregnancy she was miserable indeed, while now she feels unusually well; or it may be reversed and she will say, in her former pregnancy she was never so well and strong in her life, but now she cannot raise her head from the pillow nor even turn from side to side in the bed, and in two cases I have seen, could not even turn the eyes without provoking the most distressing nausea and retching. Why this difference? Do not the same physiological conditions hence the same physiological causes—if we can conceive of a physiological condition acting as the cause of a pathological manifestation—obtain in all pregnant women, or at least in the different

pregnancies of the same woman? In other words, is not each step in nutrition and developement of the fetus from embryo to full term, physiologically the same? I think that all will admit this to be true in all normal pregnancies. Admitting this; where are we to look for the cause of the pathological manifestation? And why is it so much more strongly marked in one woman than in another, or in the same woman at different times. If pregnancy is, of itself, a physiological state, ought it to have a pathological effect upon the mother? Reasoning from animals in general and more especially from our aboriginal sister, we should say, No! This, then would bring us to look for the cause of trouble in some abnormal condition or surroundings of the patient herself. But here we are confronted, as we are in all other propositions on this question, with contradictory proofs; for it is not alone in some delicate or sickly woman that we find this very unpleasant condition existing; but equally often do we find it developed in those who are the strongest and healthiest; those who had not known what a day's sickness was, prior to their pregnancy.

This then would lead us to look for the cause of this pathological manifestation, not on a physiological condition, but to some *morbid* condition, which has been developed upon and in consequence of a certain physiological condition—pregnancy. But here again we are confronted with the query: If this proposition be true, why is it developed or manifested alone, in civilized woman?

Animals in general, and the monkey and ape, which are, anatomically speaking, closely allied to the human race, are exempt from paying this tribute to the Goddess of human woes; and even in man, among those races who are the chil-

dren of nature, it is the exception and not the rule, for the women to be thus afflicted during pregnancy. Thus we find dashed to the winds, each theory in turn when analyzed, and the contradictory facts are brought to bear in proof.

The theory of one is, that it is the stretching of the uterine fibers; of another, that it is a retroverted position of the uterus; of another, that it is the cessation of the menses; of another that is a reflex trouble due to a peculiar impression on the general nervous system, as a sequence to the pregnant state; while another and one of the latest theories advanced is, that it is due to a toxic condition caused by the absorption, by the mother, of the effete matter thrown off by the child. The writer who proposes this last proposition, accounts for the non appearance of the sickness before the second or third month, on the theory that there is not sufficient effete matter, previous to this time to seriously affect the mother; and the reason given for the cessation of the stomach trouble before the end of gestation, is, that the system in this case, as in many others, has become tolerant of the poison.

But he does not account for those cases which are developed on the very inception of conception; nor those which continue throughout the whole period of gestation. Nor for those cases which are never sick during pregnancy, but on the contrary enjoy the most perfect health during this time: nor does he account for the fact that some women are most wretchedly sick during one pregnancy, and exceptionally well during another. Hence we do not consider this theory at all tenable. But as far as we have been able to analyze the different theories, and to trace cause and effect, they are all equally untenable and as easily exploded.

Each theorist clinches his argument by citing a number of

cases treated according to his theory of the cause, and claims to have been entirely successful. But this proves nothing, since those working on entirely different theories, adduce the same claims for their treatment, which conclusively proves that either all the theories are correct or that none of them are true: or else, that the treatment, based on any one of the many theories is equally good in all. But the death-blow to all the theories thus far advanced, is the fact that we meet with cases which do not yield to the treatment based on any of the theories; and also on the fact that most women get well of this particular sickness in about the same time with or without treatment. There has never been a case known to die without treatment; while all the most serious cases are so, in spite of any and all treatment.

Were I to accept any of the theories thus far advanced, it would be that of the cessation of the menses; and my reasons for so doing may be summed up as follows: (1) We have a similar condition developed when there has been a cessation from other causes than pregnancy; and while we may not get these conditions from the first miss of the period, we will likely get serious constitutional symptoms, if the woman miss the second or third time, and the condition is usually maintained till the period is restored, or what in pregnancy would be equivalent,—the growth of the child—to such an age and size, as would compensate by drawing on the general, maternal circulation, for the usual monthly loss of blood. (2) We do not know what poisonous matter may be thrown off at each menstrual epoch; for we all do know that the loss is not pure blood. Hence all the concomitant troubles arising from a suppression of the menses, from any

cause, may be due, more to the lack of ridding the system of this *materies morbi*, than to the lack of the accustomed loss of a few spoonful of blood. But on this proposition we are confronted with the same queries as must be answered in the others, in order to make the theory tenable, viz. Why does the trouble ever begin with conception? Why does it end before the cessation of gestation? Why is there no regularity in the time of its appearance and disappearance? Why are some women exempt and others not? Why are some women troubled one pregnancy and not at another?

After having carefully considered all the theories advanced, with their proofs and refutations, I have concluded that the cause must, in each individual case, be due to a certain morbid condition existing in the patient, prior to conception, though this morbid condition may not be of such nature as to effect the general health of the patient till the exciting cause—pregnancy—has been developed, and that this cause is as much of a mystery to-day, as it ever was.

TREATMENT—On this part of the subject I have but little to say; for how can we treat a disease rationally and scientifically, when we are groping in the dark as to its cause? There have been many remedies and methods of treatment proposed such as Lactopeptine, bismuth, oxalate of cerum, ingluvin, cocaine, creasote, menthol, chloral, acid phosphates, champagne and ice, pop-corn, electricity, dilatation of the os, mopping the cervix and vagina with iodine, the application to the cervix of sulphate of zinc, and many others that I will not here enumerate; each of them having their advocates and each apparently being of benefit in some cases, and all failing in others.

Scurvy—Scorbutus.

BY EDWARD LOUIS FOX, M. D., House Surgeon, Cook Co. Hospital, Chicago, Ill.

Patient's illness began two weeks before admission, with headache, languor, anorexia, nausea, insomnia, constipation, muscular pains in the lower extremities, and slight chill followed by a fever. On the seventh or eighth day the patient's eyelids began to get œdematous and the skin became slightly jaundiced. About the tenth day some small black spots made their appearance on the dorsal surface of the hands and on the great toe. These spots increased in area rapidly and gave the appearance of severe contusions of the skin. The physicians attending her diagnosed it blood poisoning, and had her brought to the hospital for surgical treatment.

Physical Examination

Blonde, age 12 years, poorly nourished and anæmic, German descent, skin slightly jaundiced and dry, eyelids œdematous, mucous membrane of the mouth and pharynx hyperæmic.

Chest—well formed, good expansion.

Broncho-vesicular breathing increased, a few mucous rales in the upper lobes. Percussion note and vocal fremitus normal.

Heart—Area of dullness, normal. Sometimes anæmic murmurs could be heard over the apex.

Liver and Kidneys—negative.

Spleen—Area of dullness increased.

Abdomen—Some pain on deep pressure over the epigastric region.

Extremities—On the anterior surface of the right arm there

was an ecchymosed spot about three centimeters in diameter. Most of the dorsal surface of the right hand was ecchymosed extending over the fingers in places, also the dorsal surface of the left hand, entire little finger, parts of the others and the thumb. On close inquiry no history of injury or previous hæmorrhagic diathesis could be obtained. The patient lived with her parents in rather small and poorly ventilated rooms. The diet consisted of animal and vegetable foods, but she always preferred foods containing a great amount of grease.

The patient was given internally, ergotine, every two hours, Tr. ferri chloride and quinine at 10 A.M. and 3 P. M., each day; lemonade ad. lib. Wet hamamelis dressings were applied to the ecchymosed patches and were changed twice daily. The ecchymosis increased in area rapidly, soon becoming black and gangrenous, causing much pain especially when being dressed. On the third day after admission she began to have severe epistaxis, vomited some blood (this may have been swallowed from the epistaxis), the gums became spongy, bled quite freely; on the fifth day she picked out with her fingers one of the lower molars. The mouth soon presented several ulcers for which a potassium chlorate gargle was prescribed. Several days after admission a swelling was noticed on the left side of neck; it caused considerable pain on palpation, but no fluctuation could be felt. This swelling gradually increased in size, and became more painful; so a hyperdermic needle was introduced, withdrawing some pus. The patient was anæsthetized with ether, parts made aseptic as usual, bichloride towels placed around the parts. An incision was made over the point of swelling, the tissues were

carefully divided with the back of the scalpel, the cavity containing the pus situated beneath the sterno-cleido mastoid muscle was reached, opened freely, cleansed with peroxide of hydrogen and irrigated with bichloride of mercury sol. 1-2000. The cavity was then packed with iodoform gauze and dressed as usual. The patient showed much improvement after the opening of the abscess and the temperature dropped from 103° F., to 100° F. Several new patches of ecchymoses were noticed on the thighs about the sixth day, which covered an area of four centimeters in diameter.

Two weeks after admission the ecchymoses had invaded the whole dorsal surface of the left hand, fingers and part of the thumb, also a small patch above the elbow joint about two centimeters in diameter. The fingers were drying up and showed marked symptoms of sloughing at the junction of the living tissues. The right hand was better than the left as the ecchymoses was more superficial, parts of the little finger and thumb escaping altogether. The ecchymoses of the lower extremities also seemed to be quite superficial.

The patient's appetite became so ravenous after the third or fourth week, that it was a frequent occurrence for her to eat enough to cause a severe colic.

When the odors from the sloughing tissues became foetid the wet hamamelis dressings were discontinued and carbolic acid dressings (one per cent.) were used, which did not improve the odors much, and at the suggestion of Prof. J. B. McFatrigh I used at night, wet dressings of sanitas, and in the morning the sanitas jelly was applied to the gangrenous parts. This treatment made the odors less foetid, stimulated the granulations so that the gangrenous tissues began to

separate from the living tissues. This treatment was used regularly and about six weeks from date of admission while dressing the hands, the left little finger almost fell off, as nature had nearly amputated it. I then anæsthetized her with chloroform, and with a scissors clipped off all the fingers at the meta-carpo phalangeal articulation; the first phalanx of the thumb was also removed.

I then removed the index, middle and ring fingers of the right hand, also all the other gangrenous parts of the lower and upper extremities. Most of the integument was removed from the right little finger and thumb, leaving a free granulating surface, which when healed were stiff and flexed by the cicatricial tissue but with continued movement they will likely improve sufficiently to make them of considerable use to her. There was no hæmorrhage from this operation as nature had almost completed the work of amputation. These fingers and gangrenous parts were not removed before, because we wished to save all we could of the hands. The patient was discharged in thirteen weeks in good health and wounds all healed. The ætiology of this case is very obscure and I do not think it was caused by a lack of vegetable diet, but to me it is more plausible to think it was due to the scorbutic microbe (not as yet demonstrated by the microscopist) which finds a nucleus in unsanitary living apartments.

Microscopical examinations of the blood showed an increase of white corpuscles, red ones grouped in masses and irregular in contour.

How to Make Our Cause Prosperous.

BY JOHN FEARN, M. D. *

1st. We must have an abiding faith that our cause is the best.

To think that Homœopathy is as good as Eclecticism, or that Allopathy is as good as either of the others, is a paralyzing affair. No man who holds such views, can help our cause very much.

The older members of our various state societies, as a rule do not need special training on these lines. But the rising generation of Eclectic physicians, who are to-day pressing into the ranks, know but little of old school bigotry, intolerance and therapeutic ignorance, past and present. We hear very much about the great strides forward, the dominant school has made. But when we test their therapeutics by the side of the certainty and definiteness of modern Eclectic practice, old school therapeutics lose by comparison. When we consider that the goal of our ambition in therapeutics is certainty, when we think of the breadth of our principles and our absolute freedom to choose our remedies and our confrere's from every school and from every path, we must come to the conclusion, that of all the schools of medicine, ours though it may be the latest, yet it most certainly is the best.

If our school is the best, then the question is, what can we do to make it prosperous?

First: Let us support our institutions of learning.

Our medical colleges ought to have our sympathy and support. While we do not claim that at present we have in all our colleges, facilities for teaching clinical surgery, equal to

* Read before the State Eclectic Medical Society.

some of the old school institutions, we do claim that in point of practical oral teaching, we are behind no school. Eclectic teachers of surgery cannot be surpassed. On every land our men are fast climbing, not to second places but first places in surgery.

I know a bright Eclectic graduate who went from clinical surgical advantages, not superior, if as good as California Medical College gives, and within a few months after graduation, he removed an ovarian tumor, and the case made a grand recovery. And to prove that this was no mere accident, in a very short time he repeated the operation, with equally good success. That man has now for years, been a most successful surgeon; and there are many more, in practical medicine and therapeutics, students from Eclectic colleges, go out and practice medicine with a success which is unparalleled. Old school men have long been crying that the profession is overcrowded; they say there must be less numbers graduated. This may be true, and doubtless is, of old school graduates; but we know it is not of Eclectics. Prof. Maclean and myself have been in receipt of letters continually saying, send us an Eclectic physician, and we have had none to send. And all over these United States to-day there are fields where Eclectics might go in and prosper; but at present we have not the men to send.

Therefore, we can help the prosperity of our cause, by seeking out young men not afraid of work; young men of studious habits and good moral character, and direct them to our medical colleges. What shall be said of men professing to be Eclectics, who send their students to old school colleges? Certainly we cannot call them good Eclectics.

Second: We can help the prosperity of our cause, by affili-

ating with our medical societies.

In my opinion we never can become the power we need to be, until we organize on these lines.

We all profess to believe that in union there is strength, and yet in this state, and in many other states, we have many Eclectic doctors who are doing well, but they stand alone. Eclectic graduates in this state, would do well to remember, that were it not for the state society and college and those connected with them, Eclectics would not be allowed to practice in the state, except as they would get permission from an Allopathic Board. Wherever two or three Eclectics are found they should band together for purposes of instruction and protection, this is being attended to in San Francisco and Oakland. It should be a matter of graduation from the local town society to the state society and from the state to the National organization. In this way we shall gain our right and in this only. Those who do not like to see the Allopaths getting all the offices, City, State and National, must remember they will never see it any other way, till as a body of men, we stand together and demand consideration.

Third: We can help our cause to prosper by taking interest in our literature. Think of an Eclectic doctor who takes no Eclectic Journal; I do not care how many old school journals he takes, if he takes no Eclectic Journal he will be a back number.

I take five Eclectic Journals, one Homœopathic; and I have more old school literature sent me, gratis, than I can find time to read.

But we must also buy and study Eclectic books. Some years ago I was in an American city, and called on an Eclectic doctor at his office. I found he was away, and thinking

he would soon return, I turned to his library. Judge of my surprise when I found Eclectic books almost as scarce as hen's teeth. Brethren these things ought not so to be. An Eclectic doctor told me some time ago, that in looking through the library of a young Eclectic physician, he found quite an array of old school books, but very little Eclectic literature. The doctor was asked for an explanation. He replied: "when I was in college, I had Eclectic teaching; now I buy old school books to get their side." It is a good thing to buy old school books of the best class. I have a good many. But if your finances are limited, get Eclectic books and some Homœopathic works.

Fourth, and lastly, if you are a good, studious, bright, successful doctor, and a clean, sober gentleman, let it be known on every proper occasion that you are an Eclectic. If you are one of the other kind of men and doctors, do not let it be known that you have any affiliations with the Eclectics.

I do not as a rule, advise men to put 'Eclectic' on their signs; but whenever a good Eclectic is asked to what school he belongs, he should be ready without hesitation to say, 'I am an Eclectic'. I have a number of times been called into a case because I was thought to be a Homœopath; but I never fail to undeceive them. A Homœopathic doctor with whom I was in counsel recently, complimented me by saying I was a good Homœopath. I answered him as I have others. I could not be a good Eclectic without knowing a good deal about Homœopathy.

In California we have been too modest. One of our professors was asked how the college was prospering. He replied, "better than we deserve." I remarked to him that there was considerable truth in his observation.

We have a college here but there is nothing in the name that would lead anyone to suspect it to be an Eclectic College. It is the "California Medical College."

We have a Journal, there is nothing on the title page which would lead a stranger to conclude it was an Eclectic journal. It is the "California Medical Journal." We had commencement exercises a while ago, there was nothing in the invitations or programmes which would show it to be the commencement in connection with an Eclectic college, and therefore I was not surprised when I was asked if it was the Toland College exercises, if not what school of medicine was it. I believe it would add to our prosperity to float a flag from the top of our college on which in large letters the word Eclectic should stand out. I think the name Eclectic on our journal would help and not hurt.

I am willing to admit that in all this I may be wrong, but these are my convictions. I saw this answer in England in connection with the Botanic practitioners. I have seen it answer in England, and in this great country amongst our Homœopathic friends, they have made good use of printer's ink, scattering tracts, pamphlets, etc., all advertising their school; they never hide their light under a bushel, and it has paid them to let it shine. I believe we have a good thing let us trot it out and prosper.

The State Medical Society has opened a "Bureau of Information" regarding locations desirable for physicians and surgeons. Any one knowing of good locations, or desiring to sell locations, or wishing competent assistants, should communicate with the secretary.

J. C. FARMER, M. D.
921 Larkin St.,
San Francisco

Meeting of the Eclectic Medical Society of the State of California.

The above-named Society convened its nineteenth annual meeting at one o'clock p. m. on Tuesday, Dec. 13th, and after the discussion of interesting questions and the transaction of important business, adjourned at five o'clock p. m., on Wednesday.

In Dr. J. W. Hamilton the Society had an excellent and efficient presiding officer; one who was on time himself and who by promptness dispatched the routine business, allowing no tedious delays and making the session of 1892 a very interesting one.

All the papers presented were carefully prepared, showing a proper respect for the Society and an appreciation of the honor conferred upon those invited to address the meeting. The paper on "Jaundice", by Dr. Gere, was exhaustive, covering the subject so thoroughly as to almost preclude discussion. The history of a case of "Ovarian Cyst", by Dr. Stetson, excited the wonder of his listeners on account of the enormous size of the growth. Such a case should be permanently recorded in medical annals. The paper on "How to Make Our Cause Prosperous," by Dr. Fearn, was replete with pertinent suggestion and elicited lively discussion from the members of the Society. To conclude with a paper on "What's Better Than Physic?" required considerable heroism on the part of Dr. Miller, but he so charmed the followers of old Hypocrates by his logic and delivery, that for the moment they would have willingly handed over pills and knives. Besides the regular papers on the programme, some special cases were presented for consideration. Septic Peritonitis in charge

of Drs. Miller and Logan, operated upon by Drs. Maclean and Van Meter, followed by recovery. Dr. Van Meter requested the opinion of the Society on the advisability of a new method of sewing a retroverted uterus to the anterior abdominal wall; Cases of bowel obstruction were discussed by many of the members, the subject being introduced by Dr. Van Meter. Dr. Stout brought before the Society a clinic who had her hand torn off in the machinery of a laundry, the managing of the flap, by an attending physician after the accident was very unsatisfactory, the cicatrix pressing upon the nerves, causing constant pain. Dr. Stout proposed to reamputate. Accompanying the trouble was a partial dislocation of the shoulder joint, restricting the mobility of the arm. The case was especially examined by Drs. Gere and Van Meter, who reported the diagnosis as above stated.

The following named doctors were elected members of the Society: J. W. Harvey, W. H. Fearn, Tillie Campbell, B. LaGrange, H. L. Deimel, H. N. Yates, A. S. Tuchler, C. L. Cook, W. Tanner, Mary Tanner.

The California Medical Journal, under the auspices of the State Society, was reported to be in a flourishing condition, and the committee under whose immediate supervision the Journal had so prospered, was extended resolutions of thanks. The Journal for the next year will be under the management of the same committee, consisting of Drs. Van Meter, Scott, and Cornwall, but will be controlled by California Medical College in conjunction with the State Society.

The date of meeting of the State Society, was changed from the second Tuesday and Wednesday in December to

the third Wednesday and Thursday in November of each year.

A legislative committee was appointed consisting of Drs. Maclean, Gere and Hamilton.

Delegates to the number of fifteen are to be appointed by the president to the National Association.

The officers elected to serve for the ensuing year were: President, Dr. H. B. Mehrmann; First Vice-president, Dr. C. N. Miller; Second Vice-president, Dr. B. Stetson; Recording Secretary, Dr. J. C. Farmer; Corresponding Secretary, Dr. W. O. Wilcox; Treasurer, Dr. C. J. Sharp; Board of Censors, Drs. J. G. Tomkins, M. E. Van Meter, J. C. Stout; Board of Examiners. Dr. D. Maclean, president; Dr. G. G. Gere, secretary; Drs. Hamilton, Logan, Schmitz, Cornwall, Scott; Alternates, Drs. Hunsaker, Wilcox and Van Meter.

A Wonderful Discovery.

BY G. W. HARVEY, Class of '94.

Wonders will never cease!

Only a short while ago a very progressive gentleman, a regular, who is fully alive to the real importance of modern scientific investigation, discovered by a series of careful experiments that certain animals were wholly immune from the attacks of certain specific and contagious diseases. He found that certain diseases could not be produced in certain animals by inoculation.

This gentleman knew as all physiologists do, that most of the fluids common to animal organism, are possessed of a peculiar and individual ferment, and reasoning from analogy, he argued with himself, that the nature of a ferment is just the same, no matter whether you take the *saccharomyces cerevisiae*, ptyalin, amylopsin, or any other, *i. e.*, they cause a

chemical change and impart the same properties that they themselves have, to the fluid or substance with which they come in contact.

This certainly was right reasoning, and it very soon appeared to the mind of this great man, of which America may be proud, that if you inject a small amount of the blood of an animal immune from the disease, tetanus for instance, into the veins of some animal subject to the disease, that the fermentive principle in the blood of the immune animal would cause a change to take place in the blood of the other to such an extent, that it too, would shortly be immune from the fearful malady.

A few experiments with frogs and dogs and other animals, established the soundness of this reasoning beyond question: and now comes the sequel which is even more wonderful than the preceding.

A gentleman of the Eclectic persuasion soon learned of this discovery and the idea at once occurred to him that if by inoculating one animal with the blood of another, you could change the nature or condition of the blood and make it possess the properties of the former, that there was still another advance to be made.

This gentleman had long been looking for some sure and harmless way to prevent conception in the human female, that he might enhance the peace, happiness and depopulation of the globe, and confer a blessing upon womankind, and *presto!* here it was.

Everyone knows without telling, that hybrid animals will not breed, and this gentleman argued in his mind, that if the blood of a frog injected into a horse would prevent tet-

anus, that the blood of a hybrid female injected into the veins of a woman, would prevent conception.

This proved to be a fact, for he found that by injecting an ounce of arterial blood drawn from a healthy female mule, into the veins of a woman, that it caused her blood to become the same in character as that of a mule and therefore forever immune from conception.

The Alumni Association.

The Alumni Association of the California Medical College, held its second annual meeting since reorganization, at Dr. Hamilton's office, 14 Geary St., on the evening of Dec. 14th. The meeting was well attended and quite a number of new names were added to the roll of membership.

The first business of the meeting was the election of officers for the ensuing year. Dr. C. E. Hulstone was re-elected President. Dr. D. M. Hamilton elected Vice-president; Dr. G. M. P. Vary Treasurer; and Dr. J. C. Farmer, Secretary.

After the election of officers the advisability of meeting quarterly on scientific purposes was discussed and finally agreed upon.

After all the business of the meeting had been disposed of, the meeting adjourned, and the members repaired to Manning's where the inner man was regaled for several hours. The members and friends of the State Medical Society, which was then in session, were the guests of the evening, and many of them responded very aptly to the impromptu toasts. The representatives of the various classes were also called upon, and responded by singing the praises of their particular classes, to the utter disparagement of all others.

Dr. D. Maclean was called upon on behalf of the College, and commended the organization of the alumni in a few well chosen words.

Several others of the Faculty were called upon, and the evening closed with an amusing account by Dr. Gere, of the "best lecture *never* delivered before the student body of the California Medical College."

ORGANIC CHEMISTRY.

BY PROF. M. H. LOGAN, Ph. G., M. D., SAN FRANCISCO, CAL.,
Professor of Chemistry and Toxicology, in the California Medical College.

ions. It is prepared by the evaporation of whey, when it crystallizes in hard white rhombic prisms containing one molecule of H_2O . It is soluble in 6 parts of cold and $2\frac{1}{2}$ parts of hot H_2O , it has a faint sweet taste, and is insoluble in alcohol. When heated to 180° it becomes lacto-caramel. It will reduce alkaline copper solutions after prolonged boiling. When heated with dilute acids it yields galactose and dextrose. When heated with ammonical silver solutions the reduced metal forms a mirror-like deposit, and this reaction is used for silvering glass. Milk sugar does not readily ferment, but in the presence of certain schizomycetes it yields alcohol and lactic acids. HNO_3 oxidizes it to saccharic and mucic acids.

The well known intoxicating drink of the Tartars, called koumiss, is made from fermented mare's milk. A similar koumiss is made from cow's milk, but much milder. It is used as a dietetic by invalids. Milk sugar is much used in medicine, particularly for making homœopathic triturates and globules. Human milk contains 4 per cent. of milk sugar. There are several side salts. The nitro-compounds are explosive.

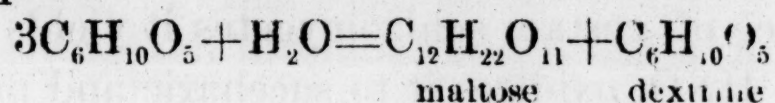
Melitose $C_{12}H_{22}O_{11} \cdot 3H_2O$ occurs in the Australian manna, eucalyptus and cotton seed. It crystallizes in fine needles and is lævo-rotatory. It does not reduce copper solutions. When decomposed by H_2SO_4 or yeast, it yields dextrose and eucalyn. It is slightly sweet and readily soluble in H_2O and alcohol.

Melezitose $C_{12}H_{22}O_{11} \cdot H_2O$ occurs in the juice of the *Pinus Larix*. It is very similar to cane sugar, but has greater rotatory power and is not as sweet. It forms small, hard, glistening monoclinic crystals, which effloresce in the air. When boiled with dilute H_2SO_4 it is converted into dextrose.

Mycose or Trehalose $C_{12}H_{22}O_{11} \cdot 2H_2O$ occurs in fungi, ergot, and

the oriental *trehala manna*, which is used as food by the Persians, and called by them nest sugar, on account of its being made into nests by certain insects; the natives gather these nests, which are about the size of an olive, and preserve them for food. Mycose forms rhombic crystals, which melt at 100° and are easily soluble. They possess a sweet taste and yield grape sugar when boiled with dilute H_2SO_4 .

Maltose $\text{C}_{12}\text{H}_{22}\text{O}_{11}\text{H}_2\text{O}$ is formed with dextrine by the action of malt diastase upon starch, in the mash of whiskey and beer. It crystallizes in fine needles which become anhydrous at 100° , yielding an extreme hygroscopic residue. When boiled with H_2SO_4 it yields grape sugar. It is capable of direct fermentation, and is an intermediate product of digestion. The equation in the fermentation of starch is as follows.



The action of diastase ceases at 75° . In the manufacture of rum, the mash obtained by the production of sugar at 60° is cooled, then the maltose at once ferments, and dextrine, in consequence of the after action of the diastase, is first converted into grape sugar and then fermented; therefore, the fermentation of starch is almost a perfect one. In the brewing of beer the mash is boiled to destroy the diastase, so that by the action of ferments only the maltose suffers fermentation; dextrine remains unaltered. In preparing maltose starch paste made by boiling with H_2O is converted at 60° into sugar, by diastase; the solution then boiled, the filtrate concentrated to a syrup, and the maltose extracted by strong alcohol. Maltose crystallizes in hard fine white needles, and in properties it resembles grape sugar. Dilute acids convert it into glucose. HNO_3 oxidizes it to saccharic acid. It is fermentable by yeast, and reduces alkaline copper solutions.

THE AMYLOSES.

Starch or *Amylum* $\text{C}_6\text{H}_{10}\text{O}_5$ starch is found in the cells of most all plants, it being formed from the protoplasm contained

in the chlorophyll cells, and is, therefore, found in all phanogams but not in cryptogams, which contain no chlorophyll. It collects during autumn in the medullary rays of the wood, in tubers and roots and in many fruits and seeds. The solid particles of starch, being the first recognizable products of assimilation, are noticed beneath the surface of the green chlorophyll corpuscles. Each solid particle grows into a starch granule, which only increases in size as long as it is in contact with the protoplasm, and on exposure to light at suitable temperatures, ranging from 15° to 25° . This formation of starch may be followed through the various organs and tissues of the plant. If leaves of certain delicate plants be covered for some days it will be seen that the starch granules have disappeared; if, then, the leaf be exposed to direct sunlight the starch granule makes its appearance in certain cases in about five minutes, whilst in diffused light this takes about two hours. This appearance of the starch granule takes place more quickly under the influence of the yellow rays than under those of the blue.

Starch granules take a variety of shapes and sizes, but they all appear to consist of a series of layers arranged around a nucleus in a stratified manner. That from potato is the largest and has the appearance and shape of oyster shells; they are from 0.14 to 0.18 mm. in diameter. Arrowroot comes next; they are a little more regular and elongated than that from potato. Wheat starch appear as concentric rings, and are from 0.014 to 0.05 mm. in diameter. The smallest granules are from beet root, rice, millet and buckwheat; they assume the shape of nearly regular pentagons, and vary from 0.002 to 0.015 mm. in diameter. Each species exhibits its own peculiar form, which can readily be detected under the microscope, so that any adulteration, its kind and approximate quantity, can be determined.

Starch retains a small amount of H_2O , which is removed at 100° . It is insoluble in cold H_2O or alcohol. When heated to 50° the granules swell up, burst, and form starch paste.

The soluble part is called granulose, the insoluble part starch-cellulose or farinose. Alcohol precipitates a white powder, soluble starch, from the aqueous solution. All solutions and moist mixtures containing starch are turned blue by iodine. This test is so delicate that 0,000,000,02 of iodine, at 0°, will give the blue color. Heat will discharge the color, but on cooling it will return. This is explained by the fact of iodine being more soluble in hot than cold H₂O. Bromine imparts to starch a deep yellow color. Boiling dilute acids convert starch into dextrine and dextrose. When heated from 100° to 200° starch becomes dextrine.

Starch is largely used in the arts, for laundry purposes, paper sizing, book binding, calico manufacturing, in metal moulding, etc. It is a most important article of food, and is largely used to adulterate drugs and expensive articles of food. There are several side salts of starch. The nitro compounds are explosive.

Paramylum C₆H₁₀O₅ occurs in the infusoria *englena veridis*, which forms a green scum on the surface of stagnant water where it grows. It is not colored by iodine; on boiling with strongest HCl it yields a fermentable sugar.

Lichenine C₆H₁₀O₅, moss starch, occurs in some lichens and Iceland moss (*Citraria Islandica*), from which it may be extracted by H₂O. Iodine imparts a dirty blue color to it.

Inulin C₆H₁₀O₅ is found in the roots of dahlia, chicory, artichoke, and most of the *compositæ*, like *Inula Helenium*. It is a snow-white powder, consisting of sphæro-crystals, which are turned yellow by iodine; boiling with dilute acids converts it into lævulose.

Glycogen C₆H₁₀O₅, animal starch, occurs in the liver of mammals. It appears to be an essential accompaniment of cellular growth, occurring in large quantity in the foetus. It is found in mollusca, and in moulds, and other fungi. It is a white amorphous powder, and is colored red by iodine. Dilute acids convert it into dextrose, ferments change it to maltose.

EDITORIAL.

Another Year Has Gone.

With this issue we begin another year, and we extend to all our readers, a happy greeting, and a wish that the year of '93 may prove a happy and prosperous one, to each and every one.

The year of '92 has now gone into the past, laden with joy for some, and fraught with sorrow for others; still the world moves on heedless of the flight of time.

As we meditate on the past year, we have a consciousness that it has been one of much import. Our journal has prospered; our college has prospered and our *cause* has prospered.

With us it has been a year of diligent and earnest work. While more might have been done, we feel that we have done well.

Eclecticism is growing steadily and rapidly, and the people are fast becoming educated to its pleasantness and certainty, and are according its advocates a ready and steadfast support.

It would be as impossible to check the growth of Eclecticism as it would to annihilate the Church of Rome. Everywhere our men are succeeding, and there is no better foundation, on which to build, than is *success*. Where others may fail a good Eclectic will thrive and prosper. From every quarter comes the request that we send more of our men, and at the present time the supply is far short of the demand.

Our great wish is, that the coming year may find all in the

harness for a steady pull for even greater successes. Our future achievements depend solely on our efforts individually and collectively. We wonder how many think of this in this way and are willing to act accordingly? No one should shirk from any part of this work but do his whole duty, to his fellows, to himself, and to the cause which he espouses. He should not only work for Eclecticism in general, but should make special efforts for the support and up-building of Eclectic medical colleges and to increase the patronage of Eclectic literature. Read and write, and write and read, and thus help to keep the great Eclectic wheel of progress rolling on till the last clod of ignorance, intolerance and opposition shall have been crushed. Then will the beacon light of Eclecticism shine forth in its wonted splendor.

We had hoped that with the end of the past year, we would be superseded by a successor with abler—though not more willing—hands than ours to look after the journal's interests, but fate seems to have decided otherwise. v.

Is a Rudimentary Knowledge of Latin an Essential to the Matriculants of a Medical College.

Recently, at a banquet given the graduates of California Medical College of '92 by the faculty of that institution, it became our duty to respond to the toast: "The requirements of the future matriculant of the California Medical College."

In a very few remarks we gave it as our opinion that we should look forward to the time when we would require, among other things a rudimentary knowledge of latin.

Our reasons given were that medicine and the collateral sciences were written much in latin, and the nomenclature was

entirely so, and that to be a good prescription writer a knowledge of the 'declensions' was necessary. That we thought the time spent in getting a certain amount of knowledge of this language, would be time saved, if the amount of knowledge acquired of the subjects taught, were to be a criterion.

We had much more to say regarding the lack of general learning possessed by the Eclectic, but time forbade.

A prominent member of the profession who was present, at the last moment when there could be no opportunity of replying, ridiculed our opinions, and characterized anyone unsound who thought the acquirement of a knowledge of latin, of any use to a medical student. Now we will take the next best opportunity to reply to him, and in doing so, it will not be with any personal feeling of offense, but because we think we were right and he wrong.

Our first reason for claiming that a certain amount of knowledge of latin is necessary for the better opportunity of the medical student, is, the nomenclature of all sciences, and more especially those connected with medicine, is in latin or latinized greek, and that this being the case the time spent in the study of latin is to lessen the toil of acquiring a knowledge of these technics and that a broader and better understanding of these subjects could be had through the more complete knowledge of which meaning the author wished to convey.

The anglo-saxon is very limited in its capabilities of expression, and deals mostly in monosyllables and we owe almost every thing that is admirable and comprehensive, to that grand old language of the Romans. This medical gentleman said he hoped to see the day when everything belonging to medicine would be written in English. We presume

he would like us to use the English synonym for abdomen, anus, urine, feces, etc.

Presumably, scientists are not all fools to have chosen the dead language with which to name parts or organs designed for description. If our own tongue were used, there would be inextricable confusion in a short time, as every locality (and individual) would have its name.

Perhaps in time past, more of latin was used in scientific treatises than would be considered rational now, but we must remember in those times, before latin was so fully incorporated into our language there were no words in ours with which to express the ideas. What there was of science came to us mostly from the Romans and naturally we took their nomenclature, having none of our own.

We wish to make another plea for a latin education. It will probably be conceded that a knowledge of the English language is a desirable acquirement for anyone whose residence is where this language is spoken. This being granted we will make the statement, and this after having the opinion of a great many educators, that one term spent studying latin, is worth two studying the English, the result desired being a knowledge of the English language. It is our opinion that those who condemn the study of latin, do not fully comprehend the situation.

In the near future it is our purpose to have a reprint of an article on this subject by our late and esteemed professor, A. J. Howe; and we shall go farther and ask the opinion of a number of college educators and publish the same. . . c.

Contributions for the Journal.

We are much pleased with the contributions coming in from various sources; and we truly hope that the good resolutions and promises made at our State Meeting, will not be forgotten during the coming year. The success and usefulness of the journal depends upon the number and character of its contributions.

We trust that each reader will take an individual interest in the future of the journal; and feel that a certain amount of responsibility rest upon each and every one. We will gladly continue our efforts in conducting the journal and working for its best interests, if our readers will keep our files well filled with contributions, and we wish to say in this connection, that we sincerely hope that no one will take offense nor feel in any way slighted, if their contribution should fail to appear in the issue for which it was intended.

Articles first received will take precedence, so send them in early; and every one keep up the good work, and what is laid over from one issue will take precedence in the next. Have no fears of glutting the market; as there is always room for that which interests and instructs.

It is the duty of every one to add his mite to the great store of knowledge, and thereby contribute his share to science, and the diffusion of the principles of truth and wisdom.

No one can doubt for a moment that if each of us knew all that we all know, we would be much wiser than we now are; and the purpose of a journal is to gather together and disseminate this knowledge. But if necessity the possessors of this knowledge must in some way communicate it to the medical journals, or else they will fail of their purpose.

Our file is now full of original matter for the February issue, and we earnestly ask that the writers will not wait for the appearance of their article before writing again, but keep them coming, as it is a wonderful help in getting the journal out on time and in good shape, to have the contributions all in before hand, as the compositor will know just what is to go in each issue and can arrange accordingly. The journal will be late this month on account of the getting out our Annual College Announcement.

v.

Eclectic Pamphlet Literature.

We are pleased to give space to the following "Eclectic Pamphlet Literature." We have reviewed these works and find them full of interest and instruction. They are the most powerful weapons any Eclectic can use to fight his battles with the so-called REGULAR profession. Distributed among the laity they will prove Educators of no little import. We would advise our readers to invest a few dollars in these little pamphlets and hand them out to their office patients.

No. 1. Specific Medication: What is it? By John M. Scudder M. D. 8pp. octavo. Single copies, postpaid, 2 cents; per doz., 18 cents; per hundred, \$1.00

No. II. Shall the Eclectic Practice of Medicine be Perpetuated? By John Fearn, M. D. 8vo, 6 pages. Single copies, postpaid, 2 cents; per doz., 18 cents; per hundred, \$1.00

No. III. Table of Indications and Doses of 173 Eclectic Remedies, By J. K. Scudder, M. D. 16mo, 12 pages. Single copy, postpaid, 2 cents; per doz., 12 cents.

No. IV. The Essential Differences between the Three Schools of Medicine—Allopathic, Eclectic and Homœopathic. By John M. Scudder, M. D. 16mo, 16 pages. Single copy, postpaid, 2 cents; per doz., 18 cents; per hundred, \$1.00.

No. V. (Now ready.) What is Eclecticism? By Albert H. Collins, M. D. 16mo, 32 pages. Single copy, postpaid, 3 cents; per doz., 25 cents; per hundred, \$1.50; per 1,000, with physician's card on back, \$12.

No. VI. Eclecticism vs. Allopathy. By E. M. McPheron, M. D. 8vo, 8 pages. Single copy, 3 cents. 50 copies and the Eclectic Health Journal for one year, \$1.00

Any of these pamphlets sent on receipt of price by JOHN M. SCUDDER, & SONS, Cincinnati, Ohio.

In "What is Eclecticism"? we find the following:

PRESENT STATUS OF ECLECTICISM—HOSPITAL STATISTICS.

When it comes to a comparison of the records of hospitals and treatment of epidemic diseases, the Eclectic school of medicine makes a very favorable showing. It cures more cases than the old school. Eclectics have proportionate control in some hospitals of the North and East, and their students have equal advantages with all others. The new Mitchell-Thomas Hospital at Springfield, Ohio, is now under the control of Eclectics, and the results are highly satisfactory.

In the public hospitals of New York, Chicago, Cincinnati, St. Louis, Indianapolis, Springfield, Des Moines, Atlanta, carefully compiled statistics are kept as to the results of treatments of all diseases. The following in brief is the record to date, taking them altogether, and throughout they show a lower death rate for the Eclectic practice.

<i>Eclectic Treatment.</i>		<i>Allopathic Treatment.</i>	
Deaths per cent.		Deaths per cent.	
Pneumonia	16	41	
Pleuritis	3	6	
Peritonitis	15	61	
Dysentery	3	13	
Small-pox	5	23	
Diphtheria			
and Croup	18	37.5	
Typhoid Fever	5	14	
Yellow Fever	12	35	
Cholera	23.3	40	
All Diseases	4.2	6.3	V.

Married.

On December 1st, 1892, Dr. L. D. Rink, Class '92 and Miss E. Orrison, of Selma. Dr. Rink is a worthy young man, and the journal wishes him unbounded connubial happiness and professional success. The doctor has located in Selma, Fresno Co., and we hope to hear from him often.

The Meanest Man.

"The meanest man I know of lives in Kansas," said a physician. "He is a farmer worth a cool hundred thousand. His wife was taken suddenly ill, and he came to town to consult me about her case. I told him that I could not prescribe intelligently without seeing the patient, but he declined to incur the expense of a visit. I charged him \$1 for the prescription, and he spent half an hour trying to beat me down to 90 cents. He made me write the prescription in English, then bought the drugs and compounded it himself to save the apothecary's fee. One of the ingredients was capsicum. He thought he had some at home, but was mistaken, and had to come back to town, a distance of four miles for it. By the time he had succeeded in saving about 20 cents, and wasting two dollars' worth of time, his wife was dead and the medicine a loss on his hands. That so wore on him that he fell ill. He took the medicine prepared for his wife, but that only aggravated his malady. When he finally recovered he sued me for \$10,000, and was beaten and had to pay costs. He then went before the grand jury and tried to have me indicted for malpractice.—*St. Louis Globe Democrat.*

A most excellent and useful institution called The "Hygiea" has been opened by Dr. Vanderbeck at 404 Eddy Street. As its name implies, it is designed for a healthful home, not only where the sick may regain health, but where they may also remain while strength and vigor returns. The building is large and spacious and is elegantly fitted up with every convenience. The charges are very moderate, considering the excellent service furnished and quite a number of our professional brethren have availed themselves of it for their patients.

SELECTIONS

HOW TO STERILIZE MILK.

Since the subject of the sterilization of milk has been agitated, the question is often asked, "What is the best method of sterilizing milk" that is, destroying the germs of disease or fermentation which it may contain. We have made many experiments, and from our experience can confirm the results of many observers who have given attention to this subject, that the complete sterilization of milk is a matter of no small difficulty. Milk which has been boiled for half an hour once or twice each day for several days in succession, will keep for a number of days, but ultimately sours. This is due to the fact that some of the germs contained in milk are particularly hard to kill, and require a temperature above that of boiling milk.

We have recently been conducting some experiments upon this subject, with results so satisfactory that we are glad to be able to communicate them to the readers of the *Bacteriological World and Modern Medicine*. The first experiments were made with a tin receptacle capable of resisting a pressure of twenty-five pounds. This was partly filled with water and placed in boiling water, to the action of which it was exposed for half an hour. The pressure indicator showed no very considerable increase in pressure within the closed receptacle. We then tried boiling the tin vessel in a saturated solution of salt in water, when the pressure, as indicated by the pressure gauge, rose to four pounds. This was the result which we expected. We accordingly proceeded to a further experiment, which consisted in boiling milk tightly sealed in strong bottles, in a saturated solution of salt. Milk sterilized in this way, by boiling in the salt solution for half an hour, will keep perfectly for an indefinite length of time. We opened, a few days ago, a bottle of milk

which had thus been sterilized last June (1891), and found it to be as fresh as when placed in the bottle. It is only necessary to take the precaution to allow the solution of salt in which the bottles are boiled, to cool before removing the bottles. If the bottles are removed from the solution while hot, they will almost instantly burst. The vessel containing the bottles of boiling milk should be set aside and allowed to cool gradually, when the bottles should be removed and placed in an ice-chest or an ordinary refrigerator. Ordinary soda-water or beer bottles are excellent for the purpose; or beer bottles may be used. Ordinary corks may be used for the purpose, but they should be previously boiled for half an hour. They should be pressed in tightly, and fastened with wire or with a patent fastener. After the bottles have been cooled and removed from the boiling kettle, the tops should be carefully dried, and if corks are used, covered with sealing wax, such as is ordinarily used for canning purposes.

The efficiency of the salt solution is due to the fact that its boiling point is 227° F., while that of boiling milk is less than 200° F. By using different salts, a still higher temperature may be attained. For example, a saturated solution of carbonate of potash, or saleratus, boils at a temperature of 275° F., while a saturated solution of chloride of calcium boils at 355° F. These high temperatures are, however, unnecessary.—*Bact. World*.

IODOLE IN OZÆNA.

Dr. Turban, of Davos, reports (*Ther. Monatsh.*) on the excellent results he obtained in ten cases of ozæna from the use of IODOLE in the following formula:

Iodole.....	} equal parts.
Tannin.....	
Powdered Borax.....	

Snuff!—Use, at first, 5-6 times daily; later on, 3 times daily;—a pinch for each nostril.

No other local measures (irrigation, etc.,) whatever were

combined with the employment of this snuff.

As the result of this treatment, it is reported that all secretion and formation of crusts disappeared, or, at least, diminished to such an extent that they no longer annoyed the patients, and the foetor disappeared in every case. It is stated that the Iodole snuff was specially efficacious in those cases where, besides the atrophy, there were some hypertrophied points in the nasal mucous membrane.—*Merck's Bulletin*.

PRURITUS ANI AND VULVÆ.

The following formula will afford relief from the itching and irritation—to be applied locally:

R Sodii Hyposulphit..... $\bar{3}i$
 Acid Carbol..... $\bar{3}^{ss}$
 Glycerinæ..... $\bar{3}i$
 Listerine..... $\bar{3}iii$ M.

DELIRIUM TREMENS:

R Tinct. Capsici..... $\frac{1}{2}$ $\bar{3}$
 Peacock's Bromides.....1 $\bar{3}$
 Celerina..... $2\frac{1}{2}$ $\bar{3}$

M. Sig. Teaspoonful, in water, as required, for wakefulness and excitement.—*Southern California Practitioner*.

THE DIET OF THE PUERPERAL WOMAN.

By Charles N. Smith, M. D., Editor of the American Gynecological Journal.

Tea and toast; toast and tea. Tea and toast when she is hungry; toast and tea when she is thirsty. Tea and toast to make milk; toast and tea to make blood and strength. Such is a relic of the old antiphlogistic days still clinging to the practice of the majority of physicians. A relic born of the old idea that the puerperal woman must be "reduced"—as if she was not sufficiently reduced by a painful labor and an exhaustive hemorrhage.

At any time previous to onset of the pains of labor, the woman is allowed meat, eggs, potatoes, bread, milk and coffee, good nutritious food; the moment labor is over, her diet is restricted to tea and toast, when she most needs nourishing and stimulating food.

The antiphlogistic doctrine taught that nutritious carbonaceous foods, from their heat producing properties, would cause puerperal fever, that scourge following in the wake of long-nailed, dirty-handed, careless doctors. The results of antiseptic and aseptic obstetrical practice have completely overturned the teachings of the old doctrine.

A diet of corned beef and cabbage is certainly not advisable from a stomachic point of view, but water when she is thirsty, and meat, in the form of nutritious beef tea, when she is hungry, will give comfort and strength to the weakened woman. The ordinarily unpalatable and greasy beef tea, as prepared in the average kitchen, is not a remarkably digestible or nutritious article, but a tea or bouillon made from the best beef extract is at once palatable, digestible and nutritious. Take, for instance, the Rex brand, the best of its class. It readily dissolves in hot water, producing a transparent, amber-colored fluid of appetizing odor and pleasant taste. One quarter teaspoonful of the extract is sufficient for a teacupful of beef tea—wholesome, gratefully delicious, refreshing, stimulating and nourishing.

Rex extract has not the rank and offensive odor, the strong smoky flavor, the burnt taste, or the excessive saltiness characteristic of so many beef extracts. It is the ideal extract for use in the sick-room. It contains 54 per cent. of nutritious albuminoids and 15 per cent. of bone-forming phosphates. It is not a medicine; it is a food, and a most satisfactory one for the puerperal woman, satisfying her hunger, giving her blood and strength, enriching her milk. Not only during the puerperium is it of value, but also through the whole period of lactation, giving to the exhausted mother a strength and buoyancy of feeling not obtained by the ingestion of a like amount, in nutritive value, of solid beef. For the exhaustion and depression incident to lactation, it is a *sine qua non*.

DOCTOR, WASH YOUR FEET IN COLD WATER.

John A. Henning, M. D., Garnett, Kas.

I fancy I see you smile when reading the heading of this article. Well please look more serious and follow me through. Yes, I emphatically say, doctor, wash your feet twice per week in a bucket of cold water right out of the well, and do not wipe them, either, let them dry before the stove. And practice it all the time the year round. I have thus practiced this for fifteen years, and what I have to say is from personal experience.

Washing the feet in a bucket of cold water not only keeps them clean, but stimulates the veins and capillaries to a normal action, and removing all effete matter and worn out tissue and giving innervation. In the winter season they will stay warm four times as long as a warm bath. Frequently of a cold winter's day, when I would have to be out all day in the cold, riding, by taking this bath in the morning I had warm feet all day. No use for overshoes. I am now sixty-three years old and never wore a pair of overshoes in my life, and never expect to so long as I do my duty.

If this is so, it certainly is a great benefit; but it does more than keep your feet warm. It will keep the brain clear and bright, better memory, better ideas, better feeling, better judgment; the circulation equalized, normal. You say, how can this be? Why, if this effete matter and worn out tissue is retained on the feet it will be, more or less, absorbed in the circulation, blunting the brain and nervous system, and in some instances, may be the cause of some severe nervous disease. Brother, wash your feet in cold water if you want to be bright, supple, jovial, clear-headed and happy.—*Chicago Medical Times.*

NEW PLATE-ELECTRODE.

Dr. Boureau has presented a new electrode to the Societe Clinique des Praticiens de France, composed of a wad of absorbent cotton of variable thickness, according to the intensity of the current to be employed. In the centre of this wad a few sheets of spunk may be placed, for the purpose of augmenting the resistance to the current and enabling the

patient to bear the strongest intensities without harm. On the external aspect of the cotton there is a metallic plate, which serves to establish the contact and whose centre is connected with one of the wires of the pile. The whole is maintained in place on one side by some light material, and on the other by a celluloid plate.

When intended for use, the electrode is dipped into salt water. The absorbent cotton instantly soaks up the liquid, the excess of which is pressed out so as not to wet the patient. The electrode is then applied over the part of the body to be treated.

This new plate-electrode can have any form for application according to its special mode of fabrication, and can be made of any desirable size. It is claimed that those who have used it have been satisfied with it.—*Merck's Bulletin*.

THE INFLUENCE OF CHLOROFORM UPON THE COURSE OF NORMAL LABOR.

As a result of studies with the tocodynamometer, Doenhoff (*Archiv für Gynakol.*, Bd. xlii, H. 2, p. 305) has found that chloroform when given to a degree productive of slight narcosis (analgesia) exerts a paralyzant influence upon uterine contraction. If the narcosis be continued, the sum-total of the force of the contractions progressively diminishes. In slight narcosis the activity of the contractions, as well as the duration of the intermissions and the strength of the pains, becomes irregular. In profound narcosis the intermissions are equally long, and the pains equally feeble. At the conclusion of the narcosis the pains again become more active. The sum-total of the force of the pains immediately after narcosis bears a relation of 2 to 3 to that preceding the narcosis. After narcosis the activity of the pains remains for a considerable time slighter than before narcosis. If previously exerted moderately, the action of the abdominal muscles ceases early during slight narcosis. Soon after narcosis it returns with corresponding force. During the narcosis the abdominal muscles are inert, even after the period of dilatation; if abdominal contractions have been active, they continue after partial narcosis, but with less frequency and in less degree; they cease entirely during profound narcosis. The intermissions become longer early in slight narcosis, and the number of pains smaller.—*Medical News*.

CHEST DEVELOPMENT *versus* CONSUMPTION.

By John J. Thomas, M. D., Youngstown, Ohio,

I believe that a good chest development and its usual concomitant, the habit of deep and full breathing, constitutes the best possible safeguard against all diseases of the lungs. In ordinary respiration the lungs are not exercised nearly up to their fullest and best capacity, many of the air cells being but partially expanded, and many others, perhaps not expanded at all. Any organ of the animal economy that is not maintained in a fair state of functional activity, is more apt to become diseased or to suffer derangement than one that is habitually exercised; and the same is probably true of each individual molecular member of every particular part.

It is in the power of every one to increase his or her chest capacity. The marvelous little air cells of the lungs need an occasional expansion more full and thorough than they get in ordinary breathing. The average adult breathes seventeen times a minute. Persons who have paid attention to the development of their chests often breathe only thirteen times per minute, and yet the one takes in just as much oxygen in a given time as the other. In the one case the lungs are more fully expanded than the other, and a larger number of individual cells are put into healthful exercise, and are consequently less liable to become diseased.

A good practice is to take deep inspiration while raising the arms above the head. Do this a dozen times soon after rising in the morning. Another, and I think a much more excellent plan, is to walk at a brisk pace in the open air, taking in the breath during the time occupied in making five or six steps, and occupying the same length of time in expiration. Keep the mouth closed, and breathe only through the nose. The air is thus warmed before it reaches the lungs. Man is the only animal ever stupid enough to breathe through the mouth, and is the only one capable of reading and com-

prehending the language, "Into man's *nostrils* God breathed the breath of life."

Learn to use some of your reserve lung-power in the ordinary act of respiration, and your respiratory organs will not fall so easy a prey to baccillus of pneumonia and of tuberculosis.—*Annals of Hygiene*.

THE INDIAN MEDICINE MAN.

In common with all savage and semi-civilized people, the medicine man of the American Indian is a priest as well as doctor. The untutored savage in all climes has been the genuine "faith curist." Charms and incantations have played a more important part in the pharmacopœia of the barbarian than drugs and simples. Among the Indians of the West a small drum is the medicine man's favorite instrument, and a weird dance of two or more medicine men is regarded as the most effective method of combating disease—equivalent to a consultation of physicians. Careful investigation does not justify the popular belief concerning the much vaunted herb concoctions of the American Indians, though there is no doubt that certain tribes have a meagre knowledge of their curative properties.

When a brave is sufficiently sick to require the services of a medicine man, that dignitary arrays himself in his official robes, which consist of a Buffalo skin with the head and horns forming a sort of cap. Skulls of animals and of human beings are strung about his neck and are regarded as indispensable items of his armamentarium.

After ascertaining the location of his patient's distress, the medicine man squats by the head of his couch and begins to chant threats and invocations to the disease to leave the body of his patient, accompanying his chant by beating vigorously upon his drum. If this treatment is not effective, several other medicine men are called in, who form a circle around the sufferer, sing songs, rattle their pendant orna-

ments, beat their drums and leap into the air in time with the noise. If this does not kill the patient, it is a victory for the charms invoked by the medicine men. If the patient dies, it is accepted as the will of the Great Spirit; for if the medicine men array themselves with proper grotesqueness and make enough noise, they are supposed to have done all in their power toward driving out the evil spirit of disease. This system naturally requires considerable strength and endurance on the part of the medicine men, as it is sometimes necessary to keep up the dance and yelling for several hours. Consequently the tests to which they are subjected before they can qualify as regular practitioners are very severe and are in the nature of tortures.

The prime qualifications of an American Indian medicine man are an ability to yell and jump up and down, and the man who can yell loudest and jump longest is the most highly respected in his profession.—*Medicine Men and Manners.*

DIPHTHERIA FROM RAGS AFTER NINE YEARS.

The absolute necessity for disinfection and the supreme fact that in this procedure alone can be found immunity from the propagation and transmission of contagious diseases, is again well illustrated by the case recently reported by Dr. L. J. Rhea, of Carey, Iowa. He was called to see a child eight years old and found a fully developed case of diphtheria, followed in the course of ten days by five others. There were no cases in the neighborhood, but upon investigation it was found that the father three days previously had bought a sack of old rags from a neighbor, who, nine years before had taken them from a house where diphtheria prevailed, and of a very malignant type. The sack was opened by the children and some false hair was found, with which the children amused themselves. During this time the rags had remained undisturbed in an old out-house.—*Annals of Hygiene.*

FEMALE VOICE IN SEXUAL DISEASE.

Dr. C. Henri Leonard, in a paper read at the sixty-second annual meeting of the American Medical Association (*Jour. Am. Med. Ass.*) discusses this question and cites numerous cases where uterine and ovarian disease has resulted in an impairment of the voice. In one case, from a high *mezzo* the range was reduced to a *contralto*, and in other cases the masculine tones were creeping in. At the time of menstruation it is claimed to be a common occurrence for singers to find changes in the purity of tone or range of voice. The reason for this is found in the intimate connection of the nerves that supply the vocal organs (spinal accessory) and the uterus through the medium of solar plexus. Taking into consideration the fact that from the lowest to the highest note the vocal cords vibrate from 572 to 1,606 times a second in soprano singers, and there being about 100 muscles which must be brought into co-ordination to produce perfect phonation, it is not surprising that some slight reflex trouble will have the result of causing changes in the voice.

In confirmation of his ideas Dr. Leonard cites the case of a patient of Dr. Severs, of Fort Wayne, who, from reflex influences, had not spoken above a whisper for two years. In this case cure resulted from treatment of rectal trouble.—*Annals of Gynecology and Pead.*

VERATRUM AND MORPHIA.

By L. H. Smith, M. D., Espyville, Pa.

The use of veratrum and morphia, singly or mixed, in convulsions, is not new by any means, but it seems to me that they are of great value in this terrible condition.

I have had many cases to attend and have had more than ordinary success, and I have depended mostly on the remedies mentioned.

When called to a case, if the person is in the fit, I at once inject (hypodermically) a large dose of veratrum, (2 to 10

drops as to age) combined with morphia. I have never been required to use but one injection to relieve any curable case. A few whiffs of chloroform help the action of the other remedies. I continue the veratrum for a few days in small doses and thereby control nicely the febrile reactions following convulsions usually.

Of course the exciting cause, if known, should be removed but to stop the convulsive action I know of nothing equal to an injection of veratrum and morphia in good round doses.—
The Medical Gleaner.

THE VALUE OF MEDICAL JOURNALS.

Is not realized in its entirety as it should be, by the mass of the profession. Dr. Joseph Price states (*Am. Gyn. Jour.*) that his obligations are many, and strong ones, to the ably edited medical journal of the period; made interesting and instructive through the carefully and elaborately prepared contributions of the most active, studious and brainy men of the profession. Our debt to the medical press is not as fully appreciated as it should be. Our leading medical journals should find a place on every physician's and surgeon's table. They are valuable teachers and should always be ready at hand. There is no excuse for lack of familiarity with the best current literature of the period. There is no man so busy as not to be able to find time for such instructive reading. There could be no more profitable economy of time practiced than in picking up one of our American journals and reading in odd minutes. The modern medical journals can very fittingly take the place of the old books with their effete lessons. They give us the rich essays of the experiences of the live men of the profession, by which all of us can greatly profit. They reach a class who have not access to clinical instruction and who can learn important lessons, gain points of valuable guidance in their field of work, through the discussions and reported cases in the journals. Such journals

as the MEDICAL REVIEW which we have the honor of editing, are of special value to the young men of the profession. There is a keen realization by the profession that we do not as yet quite know it all, that there are infinite possibilities of growth and development before us, and that, in this development, the ably edited medical journal exercises a potent agency. The general practitioner can gain much needed information from those journals limited to special subjects. He will be taught the important lesson that there are limitations to his knowledge and skill—to recognize that there are functions which he does best. The fact that his field is one of general practice the more certainly brings him in repeated contact with cases requiring the skill and experience of the specialist. He should have the quick wisdom to detect the troubles that lie peculiarly within the sphere of surgery and the honest professional conscience, and good faith to patient, that will lead him to act promptly.—*Medical Review*

VIOLATIONS OF THE CODE.

Still occupy much of the time of medical societies. The Hot Springs *Medical Jour.*, very pertinently observes that the Constitution and By-Laws of the American Medical Association, as far as governing the scientific work is concerned and as a guide for those who have never learned the Golden Rule, and who are not now too old in sin to learn it, is a success—a well planned and excellently written document—and every man in the profession should live by it; but for the Association to waste time and brains (that could be spent in pleasant and profitable discussions elsewhere) on the disgraceful professional standing of Tom, Dick and Harry, is a sad reflection on the civil courts of the land, and has yet to record its first case in which any final satisfaction has been attained. If the laws of the land are not good, amend them. If the officers are derelict in duty, be men to proclaim it, and as a good citizen, prosecute the officers. Find the proper men for office and pay them good living wages for their work. Attach honor to such offices and service will be better. This all medical men as citizens have a right to do.

THERAPY OF PHENACETINE.

John V. Shoemaker, A. M., M. D., Philadelphia, writes as follows: Phenacetine was originally introduced into medical practice as an antipyretic, and subsequently was found to possess analgesic powers. In diseases attended by hyperexia, such as rheumatism, pneumonia, typhoid fever, and phthisis pulmonalis, Phenacetine exerts a very happy effect in about half the dose of antipyrine, the ordinary dose being from 3 to 8 grains. The mortality of the typhoid fever of children has been very materially reduced by the employment of Phenacetine. The fall of temperature does not occur until half an hour after the drug has been taken, and the effect continues from four to eight hours. As an antipyretic, Phenacetine is considered by many good authorities as the safest and most efficient member of the aniline group. In epidemic infrenza, Phenacetine rapidly relieves the muscular pains and favors diaphoresis; the catarrhal symptoms subsequently require other remedies.

In ordinary colds, one or two 5 grain pills of Phenacetine remove all symptoms. The combination of salol [or Salophen] with Phenacetine is especially useful in influenza and rheumatism.

The analgesic effects of Phenacetine are very marked in various forms of headache, including migraine and the headaches from eye-strain, having the advantage over antipyrine in not so frequently causing a rash.

In the neuralgic pains of tabes dorsalis, in herpes zoster, and intercostal neuralgia, 5 grain doses, given every hour for three or four hours, usually afford complete relief and cause sleep.

Phenacetine is extremely useful in chronic neuritis, and according to Kater, is unsurpassed in the treatment of cerebral disorder due to excessive indulgence in alcoholic drinks.

In whooping cough 1-2 grain doses dissolved in 10 drops of glycerine are readily taken by children, and afford prompt relief, permitting sleep and ameliorating the attacks.

In delirium, a dose of 10 grains will usually afford a quiet night.

Mahnert considers Phenacetine a specific in acute articular rheumatism, as it reduces fever, relieves pain, and lessens the duration of the attack. It has been found useful in some cases of gonorrhoeal rheumatism, and is worthy of more extended trial in this rebellious affection.

Given several hours before the time of the paroxysm of intermittent fever, it prevents the chill.

In insomnia from simple exhaustion Phenacetine acts admirably.—[SHOEMAKER, MATERIA MEDICA, PHARMACOLOGY AND THERAPEUTICS, Vol. II.]

EATING BEFORE SLEEPING.

A recent writer says that the view that brain workers should go supperless to bed is not good advice. Most medical authorities of the day think it wrong. It is a fruitful source of insomnia and neurasthenia. The brain becomes exhausted by its evening work, and demands rest and refreshment of its wasted tissues, not by indigestible salads and "fried abominations," but by some nutritious, easily-digested and assimilated articles. A bowl of stale bread and milk, of rice, or some other farinaceous food, with milk or hot soup, would be more to the purpose. Any of these would insure a sound night's sleep, from which the man would awaken refreshed.—*Exchange*.

EMPLOYMENT OF HYDRASTININ IN UTERINE HEMORRHAGES.

(*Archives of Gynecology*, May, 1892)—Dr. Emanuel reports the use of hydrastinin hydrochlorate in forty-eight cases in Czempin's clinic in Berlin, three-eighths of a grain being given in gelatin capsules three or four times a day after the hemorrhage had begun, with the following results: twenty-six

of the forty-eight were so influenced by the remedy that the bleeding ceased in the succeeding twenty-four to thirty-six hours, a result which has not been obtained by any other known remedies. Hydrastinin seems to act on the small vessels of the mucosa, whereas ergot exerts its influence upon the smooth muscular fibre. Hence the former does not take the place of ergot in *post-partum* hemorrhages or hemorrhages after abortion. No disagreeable symptoms were observed from the employment of hydrastinin.—*Ex.*

RHUS POISONING.

Seeing a formula in your journal for rhus poisoning and being in a farming district that has a great amount of rhus on the fences, thereby causing a great many to become infected, would say that I have found the following to give the best results:

R	Sulphite soda, 3 ij.	
	Acid carbolic, 3 i.	
	Olive oil, q. s., 3 iv.	<i>Mix.</i>

Sig.—Apply to the parts two or three times a day.

I often have some one come to me and say that they want some medicine like that which I gave Mr. So-and-So for poison. This gives great relief from the pruritus that may accompany rhus poisoning. I nearly always find prickly heat to go with the rhus poisoning.

Foxville, Ill.

Yours Truly,

LUTHER HOLT, M. D. IN
Chicago Medical Times.

STERILITY FOLLOWING TYPHOID FEVER.

It is said to be a popular belief in England that a man who has had typhoid fever in his youth is incapable of begetting children. Why he should be sterile is not explained.

BOOK NOTES.

OVER 1,000 PRESCRIPTIONS AND FAVORITE FORMULÆ FROM AUTHORS, PROFESSORS AND PRACTICING PHYSICIANS. Cloth, 12mo., postpaid, \$1 00. THE ILLUSTRATED MEDICAL JOURNAL CO., Detroit, Mich.

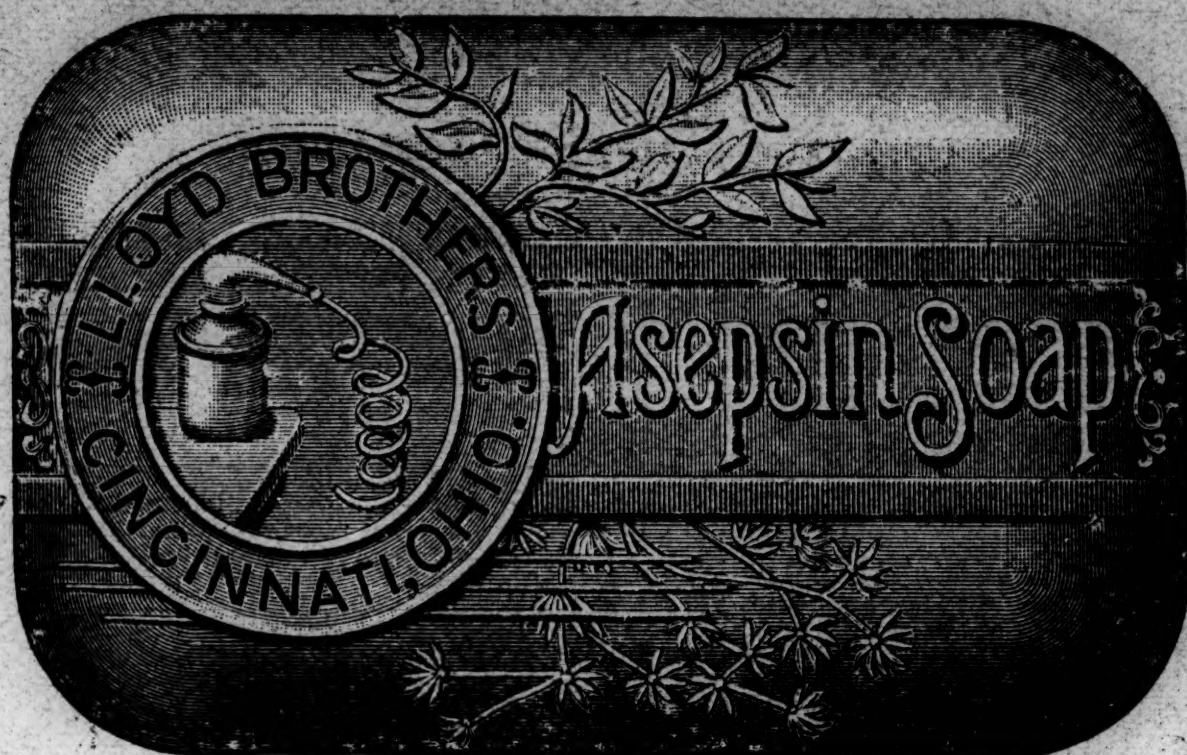
The various Formulæ contained in this volume are *practical prescriptions* of new and old remedies for the various types of diseases that effect mankind. *They are the favorite ones*, of the various authorities, for the diseases indicated. The *Index* is full and complete, thus rendering the whole book easy of access. The volume is copiously interleaved, so that on the blank pages can be recorded, by pasting or copying with pen or pencil, any other prescription suitable for any disease that is on the opposite page of the book; the complete index thus indexes each new formulæ you may see fit to copy into the pages of the volume. The whole is comprised in a handy cloth-bound volume of nearly 300 pages, and will be mailed to any address upon receipt of its price, by the above publishers.

DISEASES OF THE CHEST, THROAT AND NASAL CAVITIES, INCLUDING PHYSICAL DIAGNOSIS AND DISEASES OF THE LUNGS, HEART AND AORTA, LARYNGOLOGY AND DISEASES OF THE PHARYNX, LARYNX, NOSE, THYROID GLAND AND OESOPHAGUS, by E. Fletcher Ingals, A. M. M. D., Professor of Laryngology and Practice of Medicine; Rush Medical College; Professor of the Throat and Chest, Northwestern University Woman's Medical School; Professor of Laryngology and Rhinology, Chicago Polyclinic; Laryngologist to the St. Joseph Hospital and to the Presbyterian Hospital, etc; Fellow of the American Laryngological Association and American Climatological Association; Member of the American Medical Association, Illinois State Medical Society, Chicago Medical Society, Chicago Pathological Society, etc. etc. Second edition, revised and enlarged, with two-hundred and forty illustrations.

We have glanced through this book of Dr. Ingals and so far can see nothing but that is commendable. He has undertaken to put inside 632 pages more material than modern specialists are in the habit of doing—and that means that he has condensed his treatment of many subjects. It is intended as a practical reference work—and from what I have seen of it, is one of the very best recent publications in this line.

C.

ASEPSIN SOAP.



MEDICINAL USES OF ASEPSIN SOAP.

FOR THE SKIN.—The antiseptic qualities of Asepsin and Borate of Sodium make this soap desirable for the preservation of the dermal tissues, and to remove and prevent cutaneous blemishes. It is valuable for roughness of the skin, acne, comedones, milium, blotches, excessive greasiness of skin, for softening and preventing roughness and chapping of the hands. It corrects abnormalities of the sebaceous glands, thereby regulating the lubrication of the skin, and is further useful to repair dermal tissues when they have been subjected to the deleterious action of chalks and cosmetic lotions.

CUTANEOUS DISEASES.—For the following skin affections it may be used freely with marked benefit: Acne vulgaris et rosacea, seborrhoea, eczematous eruption, herpes, psoriasis, prurigo, syphilitic eruptions, dermatitis, ulcerations, pruritic conditions, parasitic diseases, as scabies, for the relief of rhins poisoning, and for the removal of pediculi. A clean skin is necessary in any course of medication, and Asepsin Soap is a rational cleanser.

IN SURGERY.—The surgeon will find it valuable for cleansing the patient as well as the operator's hands, sponges and instruments. For its cleansing and antiseptic effects it may be employed in wounds of all kinds, chilblains, bed sores, ulceration, pustules, and for removing offensive and irritating discharges, and as a foot wash.

IN GYNÆCOLOGY.—It is useful in irritating and offensive discharges concomitant to diseases of females, giving rise to pruritic and inflammatory conditions. Leucorrhoea, simple vaginitis and vulvitis, ulcerations and pruritus vulvæ, are conditions in which it is particularly indicated.

CONTAGIOUS DISEASES.—In the exanthemata it should be employed to hasten desquamation, thereby shortening the period of contagiousness and hastening convalescence.

At the time I received the Asepsin Soap, I was suffering intensely from pruritus and had already tried, with scarcely even temporary relief, all—or nearly all—the standard remedies for this well-known ailment. I was well-nigh crazed with that intolerable itching, pricking, stinging, gnawing, biting, burning pain. I had been nearly sleepless for several nights, and I was so busily engaged with my professional work all day long that it seemed to me that life was a burden, and I could get no rest at night. I frequently sprang from my bed, and ran wildly, crazily anywhere;—suicide would not be strange in anyone in such a condition.

Your Asepsin Soap I used without faith, but with astonishing and almost immediate relief and ease. I think I have never before recommended any special preparation, but nothing less than gratitude is due you for this benefit, and that gratitude I express most heartily now. I have delayed this letter many weeks, but I am still as thankful as ever, for my suffering was of a kind not to be forgotten,
PAUL T. BUTLER, M. D., Alamo, Michigan

ASEPSIN SOAP IS NOW READY FOR THE MARKET.

PRICE, \$1.40 PER DOZEN.

For toilet purposes, a cake of ordinary soap of this size is sold for 25 cents. In order to introduce it, on receipt of 40 cents in postage stamps, we will, for a time, send one-fourth dozen cakes by mail to any physician who has not previously purchased it. Send for a quarter dozen, and you will never employ or recommend any other soap, either for toilet or medicinal purposes. Ask your druggist to keep it in stock. Address

LLOYD BROTHERS, CINCINNATI, OHIO.

**"When dinner has oppressed one
I think it is the gloomiest hour
Which turns up out of the sad twenty-four."**

—Byron.

That the poet was a victim of dyspepsia, is plainly shown by the depth of feeling evidenced in the above quotation.

Oppression after dinner is caused by inactivity of the digestive function due to deficient peptic power, inviting fermentation of the food, and the consequent formation of noxious gases. These are absorbed into the circulation, affect the nerve centers, and are thereby responsible for "the gloomiest hour" to which the poet refers.

LACTOPEPTINE tends to prevent the occurrence of this "vicious circle" of circumstances by increasing the peptic activity of the gastric juice, thus digesting the food before it has any chance to undergo abnormal fermentation in the stomach. The digestive action is continued in the intestines, by virtue of the pancreatine which LACTOPEPTINE contains.

If the poet lived in these modern times, he would have no excuse for writing the misanthropic sentiment above quoted.

The New York Pharmacal Association,

YONKERS, N. Y.

**SAMPLES
ON APPLICATION.**